

**GA Medicaid FFS/PeachCare for Kids****SXC Health Solutions, Inc.****PO Box 3214****Lisle, IL 60532-8214****PAYER SPECIFICATION SHEET****REVISED DECEMBER 7, 2011**

Bin #: 001553
States: All GA willing Providers
Destination: SXC Health Solutions / RxCLAIM
Accepting: Claim Billing, Claim Rebill, and Claim Reversals
Format: NCPDP Version D.Ø
Effective: 1/1/2012

**** Start of Request Claim Reversal (B2) Payer Sheet****

FIELD LEGEND FOR COLUMNS			
Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	M	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	R	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	RW	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes

Question	Answer
What is your reversal window?	90 Days

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2Ø1Ø NCPDP

CLAIM REVERSAL TRANSACTION

Transaction Header Segment	Check	Claim Reversal
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used	X	

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø1-A1	BIN NUMBER	ØØ1553	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	GAM	M	
1Ø9-A9	TRANSACTION COUNT	Up to 1 allowed	M	Only 1 allowed for B2 transaction
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1 National Provider ID (NPI)	M	
2Ø1-B1	SERVICE PROVIDER ID	National Provider ID (NPI)	M	
4Ø1-D1	DATE OF SERVICE	CCYYMMDD	M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	Use value for Switch's requirements.	M	If submitting claim without a Switch, populate with blanks.

Insurance Segment	Check	Claim Reversal
This Segment is always sent	X	

Insurance Segment Segment Identification (111-AM) = "Ø4"				Claim Reversal
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø2-C2	CARDHOLDER ID	Enter member's 12 digit ID from Medicaid ID card	M	
3Ø1-C1	GROUP ID		RW	Imp Guide: Required if needed to match the reversal to the original billing transaction.

Claim Segment	Check	Claim Reversal
This Segment is always sent	X	

Claim Segment Segment Identification (111-AM) = "07"				Claim Reversal
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	<i>Imp Guide:</i> For Transaction Code of "B2", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	<i>Payer Requirement:</i> Supports 12-digit Rx# Example: 000001234567 (leading zeros)
436-E1	PRODUCT/SERVICE ID QUALIFIER	01 – UPC 02 – HRI 03 – NDC	M	<i>Payer Requirement:</i> 01 – Universal Product Code (UPC) 02 – Health Related Item (HRI) 03 – National Drug Code (NDC)
407-D7	PRODUCT/SERVICE ID		M	<i>Payer Requirement:</i> 12-digit UPC Code 10-digit HRI Number 11-digit NDC Number
403-D3	FILL NUMBER		RW	<i>Imp Guide:</i> Required if needed for reversals when multiple fills of the same Prescription/Service Reference Number (402-D2) occur on the same day.
308-C8	OTHER COVERAGE CODE		RW	<i>Imp Guide:</i> Required if needed by receiver to match the claim that is being reversed.

Pricing Segment	Check	Claim Reversal
This Segment is always sent	X	

Pricing Segment Segment Identification (111-AM) = "11"				Claim Reversal
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
430-DU	GROSS AMOUNT DUE		R	<i>Payer Requirement:</i> Required

Coordination of Benefits/Other Payments Segment	Check	Claim Reversal
This Segment is situational	X	

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"				Claim Reversal
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 3	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	Ø1 if other payer was Primary Ø2 if other payer was Secondary Ø3 if other payer was Tertiary

DUR/PPS Segment	Check	Claim Reversal
This Segment is situational	X	

DUR/PPS Segment Segment Identification (111-AM) = "Ø8"				Claim Reversal
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	RW	Imp Guide: Required if DUR/PPS Segment is used.
439-E4	REASON FOR SERVICE CODE		RW	Payer Requirement: Required if segment used.
44Ø-E5	PROFESSIONAL SERVICE CODE		RW	Payer Requirement: Required if segment used.
441-E6	RESULT OF SERVICE CODE		RW	Payer Requirement: Required if segment used.

**** End of Request Claim Reversal (B2) Payer Sheet****